

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 002 ***150.00

DOCUMENT # P93000069510

1. Entity Name
LEONARD T. CAPOZZO & ASSOCIATES, INC.



Principal Place of Business
**9115-2 GALLERIA COURT
NAPLES, FL 34109 US**

Mailing Address
**9115-2 GALLERIA COURT
NAPLES, FL 34109 US**

94015000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004

Chg-P

CR2E034 (10/03)

**27840 FORESTER DRIVE
BONITA SPRINGS, FL**

**27840 FORESTER DR
BONITA SPRINGS, FL**

4. FEI Number

65-0437245

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPOZZO, LEONARD T
27840 FORESTER DRIVE
BONITA SPRINGS, FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSVT
CAPOZZO, LEONARD T
27840 FORESTER DRIVE
BONITA SPRINGS, FL 341343802**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #